

## ORIGINAL ARTICLE

# SENIOR AT RISK OF MENTAL DISORDER

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### Summary

The aim of this paper is to highlight the problematic of significant growth of mental health issues in retire people category, and the care of retire people with mental health issues, primarily the perspective of this paper is social. The main focus of this article is on characteristic and approach to mental health issues with addition of arise of mental health issues in the population. Also, it reflects the pandemic of COVID-19. Furthermore, the article is presenting the aspect of social influence. Besides, it focuses on the possibilities of healing the mental health diseases with regards to chosen age category.

*Key words: mental disorders; senescence; social isolation*

### Introduction

The seniors are one of the most represent group in the society, which has own specifics that needs to be respected while taking care of them. Even though, we can assume the functional status will be longer within the future seniors, then it is nowadays. The growth of seniors will have significant influence on the whole society (1). The statistic prognosis claims that ... the year 2040 will be for the Czech Republic an era when the generation of baby boom in 70s of 20<sup>th</sup> century will become seniors ... the change in numbers of population will not be significant, the considered number of population older than 65 years will be more than 2,75 million, which will be 25% of Czech population (1).

### Mental health diseases in old age

For understanding of mental health diseases is important to realise that it is an aspect which influences mental and physical state of a person. Černoušek (2) also point out the psychosomatic symptoms which have a relation with whole body not only in the senior age. Plus, it relates to the whole process of ageing adaptation including the changes in the social environment. The appearance of mental health diseases in the society is noticeable. The intensity of concrete disease is diverse and the recognition from view of myself or my environment is diverse, also. The negative influence of mental health disease is serious and it comes with lots of problems and obstacles for a person.

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Mental health diseases in the elderly age are the main focus of the subfield of psychiatry called gerontopsychiatry or psychiatry of elderly age. Gerontology is the science about ageing and elderly age, geriatric is field of medicine, which is dealing with problematic of health status of seniors (3). Gerontopsychiatry is field which has own specifics in tasks such as prevention, diagnostic, rehabilitation, therapy, intervention.

Most of the mental health diseases can appear in any developmental stage of life such as childhood, adolescence, or adulthood. According to *Vigo, Thornicroft, Atun* (4) the mental health diseases in diverse form and intensity experience almost everyone in different developmental stage. No matter whether it is for the first time or is it repetition. The intensity is mentioned by *Herrman et al.* (5), they highlighted the thought of development in regard to understanding and necessity of specific form to people suffering with mental health diseases. Another specification in the field of seniors' mental health is complication with numerous diseases at the same time, which could lead to higher amount of stress. Therefore, the stress could lead to development of a mental health diseases.

The essence of mental health diseases in seniors age is the clinical picture (the summary of objective and subjective symptoms, which characterize the specific disease). However, the clinical picture has different characteristic than a mental health disease in another developmental stage in life. Thus, the mentioned intensity, frequency and time appearance is different as well as the symptoms which might display. The main factors which influence the mental health diseases in seniors age are multimorbidity (appearance of more than one diseases), fragility of elderly people, social loneliness, life history and confrontation with the last stage of life and dying. With regards to the topic of this paper, is obvious that the somatic, psychological, and social skills and abilities are for the elderly group fluctuating. Thus, these abilities and skills are erratic in their own world, but in the outside world also.

When we focus on the organic mental diseases such as diverse types of dementia, delirium, bring damages, according to classification F00-F09. When we talk about group of mental diseases, made up by the same etiologic classification of brain damage, brain illness, or another damage leading to brain dysfunction. These dysfunctions are divided to two main groups. The first group is for illnesses, damages which are directly linked with the brain. However, there is the second groups which are illnesses or damages which affect brain as one of the other organs, or body systems affected by the body systems diseases or body systems illnesses (6). The individual categories of mental health diseases and addictions are described by the classification MKN, which is published in the Czech translation by the Office for Health Information and Statistics of the Czech Republic.

The most common syndromes and symptoms in the seniors age are sleep disorders, memory problems, depressions, anxieties, hypochondria, and pathological applicability. For easier orientation in classification mental diseases in seniors age a non-technical tool called 4D: dementia, depression, delirium and drug addiction (3). With regards to authors own experience they would like to mention stress reaction/behaviour and problems with adaptation. The most commons symptom sin seniors age are dementia and depression. Rarely people in seniors age experience mania, schizophrenia, and delusions disorders. The range of diseases which can appear in seniors age is significant. According to the WHO Europe (7) almost 1/3 of European habitants experience a mental health disease at least once in a year. The most common are anxieties and depressions, which have higher prevalence in women's group of habitants. On the other hand, in the male group more common are diverse forms of addictions. The most frequent form of addiction in male group of habitants is alcoholic addiction.

The problematic area of understanding and dealing with ageing is more complicated due to the visible physical changes, or changes in sensual abilities such as smell, vision, taste and hearing ... all of these amplify and empower the development of some mental disease. Another unfortunate aspect which could develop a mental health disease are from social side such as retirement from job, death or lost lifelong partner etc. All these influence further abilities and interests in plans, setting goals, or realization of own plans or themselves. Obviously, this is the starter of possible mental health disease.

### **Social aspects**

According to *Venglářová* (8) there three main pillars physical aspects, psychological aspects and personality, and social aspects.

From mentioned aspects, the social aspects are part of the questionnaire about quality of life done by WHO. The questionnaires are usual tool to measure the quality of life. The social relationships can be seen as prevention tool against the mental health diseases in senior age. Also, the social relationships are kind of help and support for elderly people suffering with mental health diseases.

The social relationships with elderly people with mental health diseases comes with many obstacles. The obstacles are mainly in building new relationships, or renewing the relationships, whether it is partners' relationships, or social relationships. The social communication and interaction stimulate and motivates the elderly people, stimulates the orientation, and keeps or develops their abilities and skill. Furthermore, the social communication keeps the communication channel between them and their environment. It is crucial that the person accepts the illness because that is the only way to minimize and remove the social isolation. This acceptance could be problematic for people with dementia. The support is positive home environment, which should be offered in residential health services or social services. Another form of support is building and keeping a daily routine.

Nevertheless, there must be remembered that these are people in elderly age, thus there are specific which could be still kept. Primarily, the need of relaxation and rest needs to be followed. Thus, the senior can be relaxed and ready for another activity. However, the initiative for social interaction does not need to be optimistic. However, this can be a positive sign of balance, when the senior due to their passivity is taking needed rest (9).

An important role has leisure time activities, which can be influenced by previous active life, or new activities can be chosen, which could be interesting for a person with mental health disease. The ideal status is reflection of a person biography, so the social workers know something about them and their life. Therefore, there can be built the routine similar to the routine which they had before they started to need help, so they can be satisfied. Helpful is regular meeting with close people. Particular differences can be seen with meeting friends, partners and families. Some sort of irresolution, coldness is visible in relationships where before was kindness. Of course, it is hard to be with someone who is suffering from depression. The depression steals interest about life and people does not like to be with someone who is careless and does not react (10). With regards to behaviour the emotions are not displayed much, and states of emotional lability are frequent. These states are related to unfastening of health conditions or with quick progression of the illness.

All the psychological changes in senior age does not lead to degradation of person's state. Often there is visible growth in perseverance during routine physical and mental work. Also, the improvements in patience and understanding to others motivation are noticeable. Elderly people without any mental health disease do not lost their judgement and their discretion improves. They are also more constant in their opinions and relations (11).

### **Healing mental health**

Healing mental health disease in senior age is difficult. With regards to classification and intensity of mental health diseases it is obvious that these illnesses are tricky/insidious things, which have individual process. The needs for professional help is clear, whether it is a young person dealing with a mental health diseases or person in senior age. The modern system of care, not only about elderly people, is based on cooperation of more specialist i.e., practical doctor, psychiatrist, psychotherapist, other therapists, but also with family, and social-health services such as gerontopsychiatrists, care homes with special regime. An important aspect of treatment process are helpful groups. With regards to mental development and mental status of one is crucial. The recognition of non-complete healing comes with decision whether to try a treatment or any form of it, or not. The treatment is based on the medicine, which is prescribed by a specialist who knows how to work with different doses and knows how to find an ideal state of a patient. Necessary is to discuss possible side effects with relation to existing illnesses. Also, the checks of using the medicine correctly and regularly are important. The medication should cooperate with the psychotherapies, which are less full of specialists. Nevertheless, the present specialists know the specific of the helpful group and they are focused on the target group, but there is a huge proportion of individual approach as well. The share of hope and help between psychotherapists and clients is crucial for establishing the therapeutic trust, which is core of functional relation between therapist and client. The focus of psychotherapists on everyday problems is more common because the possibilities of changes in broad psychological area of a senior does not have to be realistic

with regards to patients' age. However, the inspiration from clients' life could be useful for the therapy. But there is need for the patient to realize that he needs help.

## **Conclusion**

The risks of social distance and loneliness are high for people on elderly age. The understanding of human and professional keystones in care of elderly people brings many questions. Nor in needs of professionalism but solution of stigmatization also. The paper presents another topic which are related to elderly people with mental illnesses. One topic is suitability of housing without regards to the fact that it is residential house services or housing care known as house design for elderly people. This topic reflects on the life needs and conditions, removing barriers, higher priority of safety, enough daylight and all of this with regards to securing feel of safety and secure environment. The positive approach should be taken for ageing in fields which are closely related to not only elderly people with mental illness.

Nowadays, the negative influence of worldwide pandemic COVID-19 can be expected in statistics related to mental health illnesses in elderly age. The restriction forced by governments and international organizations caused more social distancing. The authors believe that the restrictions effectively stop the pandemic. However, the restrictions have negative influence on seniors' wellbeing, but the seniors are experiencing the social distancing for longer time than others. Therefore, the mental health and wellbeing of seniors should be more often brought to discussion because they are demographically strong group.

The tendencies to protect mental health are similarly important as protection of physical prevention and treatment, with regards to COVID-19, mainly in group of elderly people. The prior goal is establishing diverse programs to prevent mental health illnesses, which are offered to doctors, psychologists, psychiatrists, but to care workers and families also. The support in constructing a network of psychological and psychiatrically help, which will respect diversity of target groups, with regards to diverse factors such as age, gender, ethnicity or religion is prior.

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## **Conflict of Interest**

The author declares that he has no conflicts of interest regarding the publication of this article.

## **Adherence to Ethical Standards**

This article does not contain any studies involving animals performed by any of the authors. This article does not contain any studies involving human participants performed by any of the authors.

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